

Office of Human Resources

Non-Employee Information Form

A completed background check must be processed before submitting the Non-Employee Information Form. The information you provide below will be used to update your file and the Faculty/Staff Directory **unless you wish some portion excluded. You should indicate on the form any portion you do not wish to be included in the directory.**

Please PRINT or TYPE the following information, and either submit the form electronically or send it to the Office of Human Resources, 2070 Campus Box.

Employee's Information:

☐ Mr. ☐ Ms. ☐ Mrs. ☐ Miss ☐ Dr.

Name (last, first, and middle) _____

Nickname _____

Name of spouse (if applicable) _____

Mailing Address and Contact Information:

Street or P.O. Box _____

City _____ State _____ Zip _____ County _____

Home Phone # (include area code) _____ Cell Phone # (include area code) _____

Position Information:

Start date _____ End date _____

Job Title _____

Department _____

Office location (building and office number) _____

Campus Box # _____ Campus Phone Extension (the number you want listed in the Faculty/Staff Directory) _____

Emergency Contact Information:

Name _____

Phone # (include area code) _____